

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	4				
3						
4						
5						
6						
7						
8		2				
9		1				
10		1				
11		2				
12		2				
13		1				
14		2				
15	1					
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48						
49						
50						
TOTAL IND.	3		1		1	
TOTAL DEP.	24		2		2	
TOTAL CLAIMS	27		3		3	

	#		#		#	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			2		2	
TOTAL CLAIMS			3		3	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS